EASTBOROUGH MUNICIPAL COURT

Application for speeding diversion

TYPE OR PRINT CLEARLY.

ALL ANSWERS MUST BE COMPLETED:

1.	Full name	
2.	Address	
	Address street city state zip	
3.	Telephone no	
4.	Age date of birth ss#	
5.	Driver's license number	
6.	Prior offense recordnonejuvenile Criminal offense conviction/diversion/pending charges	_
7.	Traffic offense convictions (within the last 5 years)	_
8.	Date of current citation	
9.	Are you now, or have you ever, participated in any other traffic diversion program?] yes □ no
10	0. Do you have any other traffic citations pending in any other city, county or state?	yes □ no
	Present a copy of your insurance verification card and Driver's license	
I hereby apply for status as a participant in the diversion program and request that the city attorney temporarily delay trial application. I agree that any time taken to consider this application and the rescheduling to trial, should I be denied, will be assessed against me in determining my right to a speedy trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the city attorney.		
	I authorize the court clerk to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the court clerk in connection with this investigation will be kept confidential.	
	A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the city attorney will resume prosecution of the original charges.	
	Date Applicant	_